



MINNESOTA WING CIVIL AIR PATROL CONFERENCE

April 29- May 03 2004

ROOM RESERVATION FORM – GROUP #2872

Conference attendees are responsible for making their own lodging reservations. Please Mail or Fax this form with the First nights lodging deposit plus 6.5% Minnesota State Sales Tax for each room reserved to: Group Reservations, 9252 Breezy Point Drive, Breezy Point MN 56472 or fax to 218-562-4510 not later than March 29, 2004.

Phone reservations will NOT be accepted. Reservations made after March 29, 2004 are on space availability basis for the conference rates.

Please Print:

NAME _____ HOME PHONE _____

BILLING ADDRESS _____ BUSINESS PHONE _____

CITY _____ STATE _____ ZIP _____

E-mail address _____

Arrival Date _____ (check in time 5:00 PM) Departure Date _____ (check out time 12:00 Noon)

I would like a ☐ Smoking Room ☐ Non-Smoking Room ☐ Handicap accessible Room

For the Type and Cost of lodging, I have indicated the number of rooms and number of people:

Number of Rooms Requested	Number of People per Room	<u>Location</u>	<u>Type</u>	<u>Occupancy</u>	Cost per Night	Cost with 6.5%Tax
		Breezy Center	2 Doubles	1-4	\$70.50	\$75.08
		Breezy Point Inn	2 Queens	1-4	\$70.50	\$75.08
		Breezy Point Inn	1 King & Hide-a-Bed	1-4	\$70.50	\$75.08
		Breezy Center Suites	2 Doubles & Hide-a-Bed	1-6	\$93.00	\$99.05
		Lodge Apartments	2 Double, Hide-a-Bed & Kitchenette	1-6	\$93.00	\$99.05
		Breezy Point Inn Suites	1 King & Hide-a-Bed	1-4	\$93.00	\$99.05

Your first nights lodging plus 6.5% Minnesota State Sales Tax must accompany this form - either in a check or your credit card information.

☐ I have enclosed a check payable to "Breezy Point Resort" in the amount of \$ _____Credit Card (choose one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Diners Club

Print Name (exactly as on card) _____

Card # _____ Expiration Date _____

Signature (legible) _____

A written confirmation of accommodations will be sent prior to your arrival date. A \$25 service charge is made for cancellations before March 29, 2004. After that date no refunds will be allowed for no shows or cancellations. A major credit card or payment in full is required at time of check in.

ACCEPTANCE SIGNATURE: I fully understand and accept Breezy Point Resort's cancellation, early departure and refund policies. * Incomplete forms will not be processed.

Signature: _____

(Must be age 18 or older to sign)

RESORT USE:

Total Deposit Enclosed/Charged is \$ _____ per room for _____ rooms = \$ _____.

* State law does not allow persons under the age of 18 to check into hotel rooms. Any attendee under the age of 18 must have an accompanying adult with them and sign for their room. This adult will be responsible for this attendee and their room.